

**VARHS (Variant, Atypical and Resistant HIV Surveillance)
Information Sheet and Authorization to Release Genotype Results**

RETURN COMPLETED FORM TO: Mary-Grace Brandt, PhD MPH, Project Coordinator

Michigan Department of Community Health
Herman Kiefer Health Complex 1151 Taylor Room 210 B
Detroit, MI 48202
(313) 876-4115
brandtmg@michigan.gov

Project Overview:

The Michigan Department of Community Health is working with the Centers for Disease Control and Prevention on a project called variant, atypical, and resistant HIV surveillance (VARHS). In this project we are trying to determine what kinds of HIV are common among people in Michigan. To do this, we looked at genes in the HIV using the same blood that was used to test you for the presence of virus. **These are not your genes but only the genes in the HIV.** Knowing the kind of HIV in your blood will help you and your doctor figure out what drugs will work best for you if or when you decide to begin anti-HIV drugs. It will also help us learn more about the spread of HIV, presence of drug resistance in HIV and how to prevent and treat HIV infections in the future.

We want to share with you and your doctor the test results we have from looking at the genes in the HIV in your blood. We will send these test results to your doctor when you are ready to enter into treatment for your HIV infection. If you already have a doctor that you would like us to send your test results to there is a place at the bottom of this form for you to fill out some information. We cannot return your test results to you directly because they contain laboratory information that is meant to be understood by trained HIV specialists who can work with you to understand your test results. Therefore, you will need to sign this form so that the Michigan Department of Community Health is authorized to send your personal test results to a doctor of your choice. If you do not want to send your test results to your doctor or if you do not have a doctor that is going to treat your HIV infection, please take this paper with you. You can use the telephone number on the top of this form to call us at anytime (up to five years from today) to make arrangements to send your test results to a doctor of your choice when you decide the time is right.

I authorize the Michigan Department of Community Health Bureau of Laboratories to send my VARHS test results to:

Dr. _____ *please print doctor's name*

At: _____ *please print hospital, clinic, office name and complete address*

Tel: _____ *please provide doctor's phone number*

I agree to allow the MDCH to send my test results to the doctor listed above and understand that every effort will be made to keep these results private and confidential.

_____ *(please SIGN your name)* _____ *(today's date)*

_____ *date of birth (for identification purposes)* _____ **lab id**